



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768

DIALYSIS TECHNICIAN TRAINING PROGRAM
APPLICATION FOR APPROVAL / REAPPROVAL

The institution or individual offering the dialysis technician training program shall submit an evaluation of the curriculum and program standards to the Board of Nursing every two years in order to maintain approval.

TO BE COMPLETED BY THE INSTITUTION

Check Status: ☐ Initial Program Approval Application ☐ Re-Approval Application

Name of Institution: _____

Address: _____

Telephone: _____ Fax: _____

Faculty Representative: _____ Email: _____

Name of Dialysis Technician Training Course: _____

Attach curriculum materials if:

☐ Applying for Initial Approval - OR -

☐ Requesting Approval of Modifications in previously approved curriculum

NOTE: Not required to submit if utilizing curriculum with current Board approval

FACULTY MEMBER NAME	STATE IN WHICH CURRENTLY LICENSED AS A NURSE	LICENSE #	EXPIRATION DATE

☐ Attach Vitae/Professional Work History when **first** submitting credentials for faculty approval

TO BE COMPLETED BY RN FACULTY – BOTH TABLES BELOW

In accordance with ARSD § [20:48:04.02:08](#) & § [20:48:04.02:09](#), the Dialysis Technician Training Program must comply with the following standards. Explain any “No” responses on a separate sheet of paper.

STANDARD	YES	NO
1. General information relevant to the performance of selected hemodialysis tasks including:	YES	No
a) Governmental regulations related to end stage renal disease, practice of nursing, and delegation;	YES	No
b) The role of the dialysis technician in hemodialysis;	YES	No
c) Ethical issues;	YES	No
d) Client rights and responsibilities;	YES	No
e) Terminology, abbreviations, and symbols;	YES	No
f) Basic client care skills including the collection of vital signs, weight, intake, and output;	YES	No
g) Universal precautions and aseptic technique;	YES	No
h) Quality assurance and continuous quality improvement; and	YES	No
i) Documentation;	YES	No
2. Renal anatomy and physiology;	YES	No
3. End stage renal disease and treatments;	YES	No
4. Principles of hemodialysis;	YES	No
5. Hemodialysis procedures;	YES	No
6. Access procedures;	YES	No
7. Laboratory procedures;	YES	No
8. Administration of lidocaine, heparin, and saline;	YES	No
9. Identification of and response to hemodialysis-related emergencies;	YES	No
10. Discontinuing hemodialysis;	YES	No
11. Reprocessing and reuse; and	YES	No
12. Clinical or laboratory instruction for the purpose of demonstration of selected tasks of hemodialysis and evaluation of individual competence.	YES	No

STANDARD	YES	NO
1. The training program is based on the curriculum outlined in § 20:48:04.02:09 and includes no less than 80 hours of classroom instruction plus 200 hours of clinical or laboratory instruction;	YES	No
2. The person teaching the training program is currently licensed as a registered nurse in South Dakota and has a minimum of two years of clinical nursing experience and a minimum of one year of experience in hemodialysis. A person currently licensed as a practical nurse in South Dakota with a minimum of two years of clinical nursing experience and a minimum of one year experience in hemodialysis may assist in classroom instruction and serve as a preceptor in the clinical portion of the training program;	YES	No
3. The faculty to student ratio does not exceed 1:2 in the clinical setting. A 1:1 ratio is required for a skills performance evaluation;	YES	No
4. Written tests are developed for each unit in the curriculum, including a final test. A skills performance evaluation must be conducted;	YES	No
5. A score of 85 percent or greater is required on each unit test with an opportunity to retake each unit test one time without additional instruction. If the student fails a unit test a second time, additional instruction is required before further testing is allowed;	YES	No
6. A completion certificate is awarded to a student who has successfully completed the training program. The certificate must include the name and location of the institution, the length of the program, the date of completion, the full name of the student who completed the program, the signature of the individual in charge of the course, and the date the certificate was awarded; and	YES	No
7. Records are maintained which include documentation of the following:	YES	No
a) Each student enrolled in the program, including documentation of performance, and the date and reason the student withdrew or the date the student failed or completed the program;	YES	No
b) Each individual teaching the program, including qualifications and nursing experience;	YES	No
c) The curriculum plan and revisions;	YES	No
d) Any test administered; and	YES	No
e) A list of graduates of the program who were awarded certificates and the date of the award.	YES	No

Signature of RN Faculty: _____ **Date:** _____

FOR USE BY SOUTH DAKOTA BOARD OF NURSING

Date Application Received: _____

Date Application ☐ Approved _____ Approval Expiration Date: _____

Date Application ☐ Denied _____ Reason for Denial: _____

Date Application Returned: _____

Board of Nursing Representative/Signature: _____